

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132, Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98902 Office of Registrar of Vital Statistics Ward ✓

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 28th 1889

Full Name of Deceased, Sarah Gradden  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 69 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, Bruna  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 23 years

Place of Death, 2826 Hudson St  
{ Give Street and Number. }

Cause of Death, Pneumonia  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, One month.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemo.

Date of Burial, March 30. 1889

Undertaker, H. Sanders & Co E. J. Adams M. D.  
Medical Attendant.

Place of Business, 1710 Canton Ave Address, 2826 Hudson St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. *98913*

Office of Registrar of Vital Statistics.

Ward *9<sup>th</sup>*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *March 28, 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary Jane Leach*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *40* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *Housewife*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Balto. Md.*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give Street and Number. } *102 & 104 N. Gay St.*

Cause of Death, { First (Primary), Second (Immediate), } *Congestion of Brain*

Duration of Last Sickness, *3 1/2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *New Cathedral Cemetery*

Date of Burial, *March 31<sup>st</sup> 1887*

Undertaker, *Henry E. Mearns* *Geo. A. Hartman M. D.*

Place of Business, *4113 E. Fayette St.* Address, *5121 N. Caroline St.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98904 Office of Registrar of Vital Statistics.

Ward 4<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 29<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Doras Steinmeyer

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 86 Years, 10 Months, 17 Days.

Color, White

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. } ☒

Occupation, Germany

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give Street and Number. } No 1419 E Fayette St

Cause of Death, { First (Primary), Second (Immediate), } Chronic Bright's Disease

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 31 March

Undertaker, Henry Hoffmann H. E. Russell M. D.

Medical Attendant.

Place of Business, 211 Eden St Address, 800 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98905 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Mar 28, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas G. Cooper,

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 51 Years, — Months, — Days

Color, white

~~Married, Single, Widow or~~ Widower, { Cross out the words not required in this line. }

Occupation, Carpenter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto Co. Md.

Duration of Residence in the City of Baltimore, about 20 yrs.

Place of Death, { Give Street and Number. } M & Genl Hospital,

Cause of Death, { First (Primary), Second (Immediate), } Compres of Brain by Clot.  
Paralysis.

Duration of Last Sickness, about two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 31/4 1887

Undertaker, Chas. J. Scriver

Place of Business, 925 Madison Ave. Address, M & Genl Hospital

Robert H. Bond M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the Use of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98906 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, *sooner, if requested so to do, under penalty of law.*

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 28<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Cromwell

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 44 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Black.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Labourer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore County

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give Street and Number. } 12 Reeser Court.

Cause of Death, { First (Primary), Second (Immediate), } Congestion of the lungs,  
Asthma.

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Odd Fellows Cem. W. Free St.

Date of Burial, Mar, 29/87

Undertaker, J. B. Cook

Place of Business, 1003 W. Baltimore St., Southern Dispensary

J. W. White M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. *98908*

Office of Registrar of Vital Statistics.

Ward *8<sup>th</sup>*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

*March 28<sup>th</sup> 1887*

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

*John Schilling*

Sex, Male or ~~Female~~,

{ Cross out the word not required in this line. }

Age,

*78*

Years,

Months,

Days

Color,

*White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

*Germany*

Duration of Residence in the City of Baltimore,

*Don't know*

Place of Death,

{ Give Street and Number. }

*Met. Little Sisters Poor.*

Cause of Death,

{ First (Primary),

Second (Immediate),

*General debility*

Duration of Last Sickness,

*3 or 4 days*

All the above information should be furnished by the Physician.

Place of Burial,

*Holy Redeemer*

Date of Burial,

*March 30<sup>th</sup> 1887*

{ Undertaker,

*Wm. Blotkamp*

*Geo. Brooke Boyle*

M. D.

Medical Attendant.

{ Place of Business,

*E. Lombard St.*

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

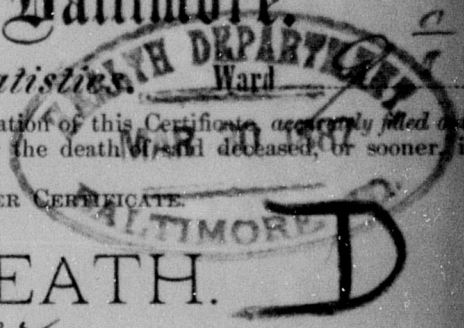
[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully directed to the requirements of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98909 Office of Registrar of Vital Statistics.



The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 29<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Carter

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 60 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Co. K. Ireland

Duration of Residence in the City of Baltimore, Abt 50 years

Place of Death, { Give Street and Number. } 8, Saratoga St

Cause of Death, { First (Primary), Second (Immediate), } Paralysis Agitans  
Typhoid Contusion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemt

Date of Burial, March 31<sup>st</sup> 1887

{ Undertaker, Joseph F Byn } Thomas Shearer M. D. Medical Attendant

{ Place of Business, 32 Liberty } Address, 403 1/2 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 98910 Office of Registrar of Vital Statistics. Ward 11<sup>4</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna J. Paul

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 19 Years, Months, Days,

Color, Gold

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Cumberland Md.

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give street and Number. } 936 Druid Hill ave

Cause of Death, { First (Primary), Phthisis Pulmonalis  
Second (Immediate), Three months

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 30<sup>th</sup> 1887

{ Undertaker, W. H. Bishop & Co. } J. M. Lingling M. D. Medical Attendant.

{ Place of Business, 97 Druid Hill Ave } Address, 612 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

Health Department, City of Baltimore.

Permit No. 9891

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

penalty of law.  
**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

CERTIFICATE OF DEATH.

Date of Death, March 29<sup>th</sup> / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Henry Ward

Sex, ~~Male or Female~~ { Cross out the word not } Male  
required in this line. }

Age,        Years, 4 Months, 21 Days.

Color, leucisid

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not  
required in this line. } Single

Occupation, None

Birth Place, { State or country, and how  
long in the United States,  
if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and } No 20 W. West St.

Cause of Death, { First (Primary), ..... Dentition  
Second (Immediate), ..... Diarrhoea

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp A. T. cemetery

Date of Burial, Mich 30<sup>th</sup> | 9 PM -

Undertaker, Sorrell & Hand Miss Kenna M. D.

Place of Business \_\_\_\_\_ Address London, England

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

H. L. Seward S. S. [OVER]